

**ARMSTRONG, WESTERMAN & HATTORI, LLP**  
**502 Washington Avenue, Suite 220**  
**Towson, Maryland 21204**

**DOCKET NO. 02358-PA**

**DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_\_,

**BREAKAWAY INTERFACING OF RADIOLOGICAL IMAGES WITH WORK ORDERS**  
the specification of which

(check one)  is attached hereto,  
 was filed on \_\_\_\_\_

as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in The Patent and Trademark Office connected therewith:

LEONARD BLOOM - Reg. No. 18,369  
ROBERT M. GAMSON - Reg. No. 32,986  
SAM ROSEN - Reg. No. 37,991

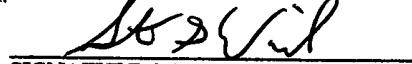
SEND CORRESPONDENCE TO: ARMSTRONG, WESTERMAN & HATTORI, LLP, 502 Washington Avenue,  
Suite 220, Towson, MD 21204; (410) 337-2295

201	FULL NAME OF INVENTOR <b>DeJARNETTE</b>	FAMILY NAME <b>DeJARNETTE</b>	FIRST GIVEN NAME <b>WAYNE</b>	SECOND GIVEN NAME <b>T.</b>
	RESIDENCE & CITIZENSHIP <b>Phoenix</b>	CITY <b>Phoenix</b>	STATE OR FOREIGN COUNTRY <b>MD</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
	POST OFFICE ADDRESS <b>10 Glenberry Ct., Phoenix, MD 21131-1400</b>			
202	FULL NAME OF INVENTOR <b>STOCKHAM</b>	FAMILY NAME <b>STOCKHAM</b>	FIRST GIVEN NAME <b>CHARLES</b>	SECOND GIVEN NAME <b>D.</b>
	RESIDENCE & CITIZENSHIP <b>Clarksville</b>	CITY <b>Clarksville</b>	STATE OR FOREIGN COUNTRY <b>MD</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
	POST OFFICE ADDRESS <b>6497 Onward Trail, Clarksville, MD 21029-1282</b>			
203	FULL NAME OF INVENTOR <b>WINEKE</b>	FAMILY NAME <b>WINEKE</b>	FIRST GIVEN NAME <b>STEVEN</b>	SECOND GIVEN NAME <b>G.</b>
	RESIDENCE & CITIZENSHIP <b>Windsor Mill</b>	CITY <b>Windsor Mill</b>	STATE OR FOREIGN COUNTRY <b>MD</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
	POST OFFICE ADDRESS <b>7913 Cantwell Rd., Windsor Mill, MD 21244-1251</b>			
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

  
SIGNATURE OF INVENTOR 201  
DATE 8/15/03

  
SIGNATURE OF INVENTOR 202  
DATE 8/15/03

  
SIGNATURE OF INVENTOR 203  
DATE 8-15-03

SIGNATURE OF INVENTOR 204  
DATE \_\_\_\_\_

SIGNATURE OF INVENTOR 205  
DATE \_\_\_\_\_

SIGNATURE OF INVENTOR 206  
DATE \_\_\_\_\_

**ARMSTRONG, WESTERMAN & HATTORI, LLP**  
**502 Washington Avenue, Suite 220**  
**Towson, Maryland 21204**

Applicant or Patentee: DeJARNETTE ET AL Attorney's Docket No. 02358-PA

Serial or Patent No.: (to be assigned)

Filed or Issued: (filed concurrently herewith)

For: BREAKAWAY INTERFACING OF RADIOLOGICAL IMAGES WITH WORK ORDERS

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27 (b)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

the owner of the small business concern identified below:  
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN	<b>DEJARNETTE RESEARCH SYSTEMS, INC.</b>
ADDRESS OF CONCERN	<b>401 Washington Avenue, Suite 1010, Towson, MD 21204</b>

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed and remain with the small business concern identified above with regard to the invention entitled \_\_\_\_\_

by inventor(s) \_\_\_\_\_ described in \_\_\_\_\_  
 the specification filed herewith  
 application serial no. \_\_\_\_\_ filed \_\_\_\_\_  
 patent no. \_\_\_\_\_ issued \_\_\_\_\_

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities.

FULL NAME			
ADDRESS			
[ ] INDIVIDUAL	[ ] SMALL BUSINESS CONCERN	[ ] NONPROFIT ORGANIZATION	
FULL NAME			
ADDRESS			
[ ] INDIVIDUAL	[ ] SMALL BUSINESS CONCERN	[ ] NONPROFIT ORGANIZATION	

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING	<b>WAYNE T. DeJARNETTE</b>
TITLE OF PERSON OTHER THAN OWNER	<b>President</b>
ADDRESS OF PERSON SIGNING	<b>10 Glenberry Ct., Phoenix, MD 21131-1400</b>

Wayne T. DeJarnette  
 SIGNATURE

8/15/03  
 DATE